

## 01/26/01

70564 US:5.

DEP 530

Voellmicke et al

### Graft Delivery System

EE500744299US

B41 U.S. PTO

09/771433

01/26/01

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

**See MPEP Chapter 600 concerning utility patent application contents.**

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
3. ☒ Specification [Total Pages 56]  
(Preferred arrangement set forth below)
- Descriptive Title of the Invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R&D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 USC 113) [Total Sheets 28]
5. Oath or Declaration [Total Pages 1]
- a. ☐ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)
    - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- a. ☐ Computer Readable Form (CRF)
- b. ☐ Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
- ii. ☐ paper
- c. ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement  
(IDS)/PTO-1449 ☐ Copies of IDS
- Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Request and Certifications under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form  
PTO/SB/35 or its equivalent.
17. ☒ Other

--Unexecuted Declaration  
--Certificate of Mailing

6. ☐ Application Data Sheet. See 37 CFR 1.76

18. ☐ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No.: , filed

Prior application information: Examiner Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

or ☒ Correspondence Address below

Name: Philip S. Johnson, Esq.  
Address: Johnson & Johnson  
One Johnson & Johnson Plaza  
New Brunswick, NJ 08933-7003 USA

## 20. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to Thomas M. DiMauro at:

Telephone: (508) 880-8401 Fax: (508) 828-3789

## 21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Thomas M. DiMauro
------	-------------------

Reg. No. 35,490

SIGNATURE

Thomas M. D. Mann

DATE \_\_\_\_\_

Jan. 26, 2001

<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
	Application Number	
	Filing Date	
	First Named Inventor	Voellmicke
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	DEP 530

jc841 U.S. PTO

09/77/433



## FEE CALCULATION

### CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	88 - 20 = 68	68	x 18.00	\$1,224.00
INDEPENDENT CLAIMS	24 - 3 = 21	21	x 80.00	\$1,680.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	
			<b>TOTAL FEES</b>	<b>\$3,614.00</b>

## METHOD OF PAYMENT

☒ Please charge Deposit Account No. 10-0750/ / in the amount of \$3,614.00.  
Three copies of this sheet are enclosed.

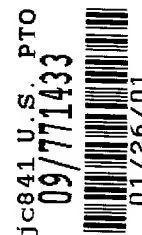
☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/ / . Three copies of this sheet are enclosed.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	Thomas M. DiMauro	Reg. No. 35,490
Signature	<i>Thomas M. DiMauro</i>	Deposit Account No. 10-0750
	Date: Jan. 26, 2001	

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Voellmicke et al.

For : Graft Delivery System



Express Mail Certificate

"Express Mail" mailing number: EE500744299US

Date of Deposit: January 26, 2001

I hereby certify that this complete application, including specification pages, claims, informal drawings, Declaration and Power of Attorney, and Assignment, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Karen M. Day

(Typed or printed name of person mailing paper or fee)

A handwritten signature in cursive script, reading 'Karen M. Day', is written over a horizontal line.

(Signature of person mailing paper or fee)